

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 0

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2000

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(xv) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/2001 \$250,000

b. FFY 2001/2002 \$250,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 23b of Attachment 2.2-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

Optional eligibility group for individuals age 18-20 in foster care  
under the responsibility of the State.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

September 30, 2000

16. RETURN TO:

AHCCCS

801 East Jefferson, MD 4200

Phoenix, Arizona 85034

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 27, 2000

18. DATE APPROVED:

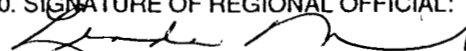
December 12, 2000

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

State: ARIZONA

## Citation

## Groups Covered

1902(a)(10)(A)(ii)(XV) of  
the Act

20. Individuals age 18-20 who:

- a. Were under the jurisdiction of the Arizona Department of Economic Security/Division of Children, Youth and Families/Administration for Children, Youth and Families (DES/DCYF/ACYF) on the individual's 18th birthday. "Under the jurisdiction" means that the individual was adjudicated dependent by the Juvenile Court or was under a voluntary agreement. The fact that the individual was residing in a foster care setting on the individual's 18th birthday does not necessarily indicate that the individual was under the jurisdiction of the DES/DCYF/ACYF.

Eligible individuals could have been Title IVE or non-IVE eligible. Medicaid coverage for these individuals may be applied for at any time prior to age 21.

- b. Have income under 200 percent FPL, after applying all appropriate earned income disregards with no time limits. The following earned income disregards apply:
  - A \$90 cost of employment;
  - \$30 and 1/3 for recipients; and
  - Dependent care deductions will be allowed as billed not to exceed the Title IV-A standard that was in place as of July, 1996.

No resource test is required.